

**ADOLESCENT SIBLING PREGNANCY PREVENTION PROGRAM
COMPREHENSIVE ASSESSMENT
(Directions for Use)**

Many of the responses require a simple check mark in the spaces provided. Others may simply be circled. Items needing additional explanation have the spaces provided. The form is designed to get the most information as quickly and concisely as possible.

At the top of the page, record the following:

- Intake Date
- Case Management Counselor (CMC) code
- Client Identification number
- Client's Social Security number
- Identification number and first name of AFLP or Cal-Learn client that makes the Sibling eligible

I. Demographics

1. Client Data

- Record the client's full name, age, date of birth, sex and marital status.
- Record the client's living address and mailing address, if different.
- Include the client's phone number, beeper number or the message phone number if applicable.
- Record the client's ethnic background and if the client is of Latino origin.
- List the name of the client's biological mother and father and the legal guardian if different. Include the address and phone number if different from client.
- Record who to contact in case of emergency, the relationship, address and phone number.
- List the individuals who live in the home with the client. Include the full name, relationship, and age of individual(s). Indicate when the last contact occurred, whether the contact was by phone or in person and involvement with the client.
- Record the primary language of the client and household, whether or not they can read and write the primary language and English. Note if an interpreter is needed either by the client or by the household.

2. Basic Needs

- In the spaces provided, write how the client is financially supported and any comments. Include the source of the support, the eligibility worker's name and code and the payee's name.
- Describe the kind of housing (house, apartment, etc.) Number of times the client has moved in the last six months and length of time at current residence.
- Does client run out of basic needs? If yes, what does he/she do?

3. Basic Needs (continued)

- Describe transportation type, identify if adequate and explain.
- Check if Valid Drivers license or California Identification and give number.
- Identify who prepares client's meals, i.e. self, parent.
- Describe the sleeping arrangements within the home for the client i.e. share a bed and/or a room, on the sofa etc.
- Provide information about client's feelings of safety at home AND in the neighborhood.

II. Psychosocial Information

1. Assessment of Relationships

- Identify the individual(s) who is raising the client.
- Describe the current relationship the client has with that person.
- Describe the client's relationship with the parent if different from above.
- Describe the client's perception of the P/G's relationship with sibling(s).
- Describe the client's perception of the response of the P/G to the sibling's pregnancy and/or child (ren).

2. Support Systems and Use of Time

- Ask client to identify the most significant person(s) in her/his life and describe the contribution(s).
- Find out who currently helps the client and in what way(s).
- Discuss the client's friends and peer group and describe what they do together after school, in the evening and on the weekend.
- Ask the client what s/he likes to do the most.
- Describe volunteer activities and their frequency.
- Describe the client's perception of reading enjoyment and ability and any related problems s/he may have.
- Check whether the client watches TV and /or listens to music. If Yes, describe how much time is spent and what programs/types of music or groups are preferred.
- Check whether the client plays video games, how much time is spent and where.

3. Client's Role in Family and Perception of Teen Parenting

- Ask the client to describe how their sibling's pregnancy and/or child have impacted his/her life and household. Give details.
- Ask client to describe what being a parent means to him/her.
- Have client identify friends who are parenting.
- Ask the client to describe her/his feelings if s/he learned they were going to be a parent now?, later? At what age would they want to become a parent and why?

4. Boyfriend/Girlfriend

- Check if client is romantically involved. If Yes, continue. If No, skip to next section.
- Ask the client to describe the extent of the romance including length of the relationship, positive and less desirable aspects about the relationship. If abuse is involved, does the client know where to seek help?

III. Sexuality

1. Sexual Activity & Family Planning

- According to the client, what does sexual activity consist of?
- Ask client to describe thoughts, feelings and expectations regarding sexual activity.
- Ask the client to describe past and current sexual activity and age at first experience.
- Ask client about sexual activity during the past month. Try to determine if what was reported is typical sexual activity for the client and whether pressure was involved.

2. Female Clients only

Check all that apply. If yes, explain.

3. Male Clients only

Check all that apply. If yes, explain.

3. Use of Birth Control

- Does client use birth control? If yes continue. If No and sexually active, explain reasons for not using birth control. If No and NOT sexually active, skip to next section.
- Describe birth control type, consistency and success of present and past methods used. Discuss client and partners comfort with methods used, feelings and interest in learning about other methods.
- Identify name, location and telephone number of provider.
- Add any pertinent comments.

IV. Education * Employment * Legal

1. Education

- Current enrollment in school, name and address of school, type of program i.e. special education, independent study, grade i.e. note if grade is appropriate for age, frequency of attendance i.e. does client attend all classes, select classes, truant.
- State projected date of graduation and check from which level of school.

1. Education (continued)

- State approximate date client dropped out and, indicate if it is official.
- Explore reasons client does not attend school.
- Explore whether client is in need of Re-entry assistance and provide details.
- Check if client needs advocacy and/or curriculum counseling and explain.
- Ask client to complete the sentence and describe perceptions of school i.e. experiences, likes and dislikes, and favorite school staff person.
- State name and city of each school client has attended in the last 4 years.
- Check all Special needs that apply i.e. mobility, seizures etc.
- If client has identified “Special needs”, determine if they need assistance locating an educational program.
- Determine extent of family encouragement for education and describe how.
- Identify who is at home after school to provide supervision and insure safety.
- Explore client’s short term and long term goals and aspirations.

2. Career/Employment

- Determine and explore client’s short-term career/education interests.
- Circle if client is currently looking for employment. If Yes and under 16, do they have a valid work permit.
- What kind of employment preparation and experience (past and Present) has the client had, explain.
- Explore current job training interests.
- Determine client’s long term career interests and describe input from household members.
- If currently employed, determine current employment type, start date, schedule, and any problems coordinating school schedule.

3. Legal

- Determine client and client’s family’s past and present involvement with the justice system and Child Protective Services. Provide details and time frames of involvement; include name of Probation officer.

V. Health

1. General Health (You may need to get some of the information from the Parent)

- Obtain client’s medical history to include Emergency Room visits, hospitalizations, presence of disabilities, long term illnesses, significant family history that could impact the client i.e. diabetes, bleeding disorders. Include dates of diagnosis and immunization history.
- Provide medical insurance carrier, health care provider, frequency and date of last visit and why.

1. General Health (continued)

- Describe sleep habits and any difficulties.
- Describe attitude(s), type(s), frequency and amount of physical exercise i.e. team sports, marching band etc. Explain.
- Describe vitamin/mineral supplements i.e. iron, vitamin C, body building nutrition, vitamin fortified drinks and any medications taken. Determine if this has health care provider approval.
- Determine frequency of minor illness and type. Does client take medications for these, if so, what, i.e. over the counter, prescription or home remedies? Identify if health care provider is aware of medications/remedies.
- Obtain name of Dental Insurance carrier/provider and frequency and date of last visit.

4. Nutrition

- Record the client's current height and weight.
- Ask client to describe food consumed over the last 24 hours. Ask her/him to detail what is usually eaten.
- Does the client have special dietary needs i.e. diabetes, allergies, milk intolerance. Explain.
- Determine past and present history of dieting and explain when, type of diet and how long.
- Determine whether bingeing and purging are behaviors for this client and explain.
- Circle the meals usually eaten, foods and beverages consumed daily and determine type, frequency and quantity of junk food consumption i.e. McDonald's, Kentucky Fried Chicken, Pizza Hut, chips, candy, soda etc. This would include eaten at the place of purchase or taken out.
- Include any pertinent health and nutritional comments.

5. Sexually Transmitted Infections (STI)

- Explore client's knowledge and source of information about STI and HIV testing, signs and symptoms of STI's. HIV and AIDS, include clients history of STI's and treatment. Include all pertinent information.

6. Substance Abuse

- Write the age when the client first used drugs and/or alcohol. Indicate when client's last use was, how much, and current use. Provide any comments concerning drug and alcohol use in the spaces provided. Include tobacco use and exposure to second hand smoke. Identify how often and where. Include treatment under comment section.
- Determine client's Peers drug use, specify type, frequency and circumstances of use.
- If client has used drugs, ask them to complete the sentences.

7. Mental Health

- Circle the appropriate answer. If yes, indicate dates, problems, resolution and whether currently in counseling.
- Determine client's perception of self, description of the best and worst experience of her/his life, problem-solving strategies.
- Describe periods of too much or too little sleep, excessive or loss of appetite and circumstances when this occurred.
- Describe client's feelings of loneliness, self worth, suicidal ideation, self-abuse, abuse by others and extent of these feelings and behaviors.
- Determine client's feelings about harming others. If yes, describe how and what was done or how it was prevented.
- Add any pertinent mental health comments.

8. Safety, Abuse and High Risk Behavior

- Does client feel safe with significant others, in the neighborhood and school, explain.
- Circle appropriate answer. If client has run away AND/OR been homeless, explain.
- Circle appropriate answer. If client or significant others claim (belong to a gang), explain.
- Explore physical, emotional and sexual abuse. Provide details of incident(s), intervention, outcome and date(s).
- Explore whether client has history of violent behavior. If yes, describe incident(s), intervention and outcome.
- Determine if client has used sex as a survival tool. If yes, explain.

VI. Parent/Guardian (Administer separate from Client Assessment)

At the top of the page, record the following:

Record client Lodestar number

Check appropriate box(es)

1. Questions Concerning the Client

- Determine Parent's aspiration for the client and perception of their relationship.

2. General Family Issues and Relationships

- Determine parent's feeling and attitudes about their own parenting and impact of the teen parent on the family. Include feelings about other children becoming minor parents.
- Ask parent to complete the sentences, Case Manager to record responses in parents' own words.
- Describe the kinds of activities the parent participates in with the client and their involvement with activities/school. Explain.

- Determine parental support system and describe.

3. Two-Parent Family

- Indicate primary disciplinarian and/or each parent's role in discipline and the client's life.

4. Single-Parent Family

- Explain the non-custodial parents' role in the child's life. Is this perceived as adequate?
- What is the custodial parent's relationship with the client and who is the primary disciplinarian (extended family)?
- Include any additional pertinent comments.